



Project Participant File Review

Date of Review: _____ Reviewer's Initials _____

Agency: _____

Type of Project: Outreach* Emergency Shelter Targeted Prevention Rapid Rehousing

*All required items for Outreach files are listed under "All Project Participant Files" and denoted with an asterisk

Project Participant ID: _____ (If agency does not have client unique identifiers, use first 2 letters of last name and date of admission; ex. DA010708)

Date of Project Admission: _____

ALL PROJECT PARTICIPANT FILES

Yes No Homeless Certification Form (can be log/sign in sheet for seasonal shelters) *

Date of Participant Signature: _____

Yes No Initial Screening Form (to include proof of diversion/problem solving conversation)

Date of Initial Screening: _____

Yes No Release of Information*

Yes No Strength-based housing barrier assessment*

Yes No Housing plan (includes how permanent housing will be maintained once assistance ended) *

Yes No Coordination with mainstream resources*

Yes No Monthly housing focused case management

Yes No N/A Evidence of connection with the community's coordinated entry process (Outreach)*

Yes No N/A Termination/Grievance Process (only if participant was terminated to ensure due process)

Notes: _____

TARGETED PREVENTION PROJECT PARTICIPANT FILES

Yes No Program Participant Eligibility Form

Yes No Eligibility Source Documentation (i.e., eviction notice, letter from family/friend, etc.)

Yes No Income Below 30% AMI

Yes No Assets below \$ 500

Yes No Valid lease in tenant's name Date of Tenant Signature: _____

Yes No Rent Reasonableness Form

Yes No Fair Market Rent Standards



Yes No Utility Allowance

Yes No N/A Lead Visual Assessment Form completed (new units)

Yes No N/A Basic Habitability Checklist completed (new units)

Yes No N/A Recertification documentation

Date of termination from prevention services: _____

Notes: _____

RAPID RE-HOUSING PROJECT PARTICIPANT FILES **Required only with rental assistance

Yes No Program Participant Eligibility Form**

Yes No N/A Veteran Documentation

Yes No N/A Lead-Based Visual Assessment Form completed** (all units)

Yes No N/A Basic Habitability Checklist completed** (all units)

Yes No N/A Rent Reasonableness Form**

Yes No N/A Fair Market Rent Standards**

Yes No N/A Utility Allowance**

Yes No N/A Valid lease in tenant's name** Date of Tenant Signature: _____

Yes No N/A Program Participant Agreement**

Yes No N/A Written agreement with the landlord/Rental Assistance Agreement**

Yes No N/A Recertification documentation**

Yes No N/A Income Below 30% AMI (in case of recertification only)

Yes No N/A Assets below \$500 (in case of recertification only)

Date of Discharge from shelter: _____ Length of Stay: _____ Date of termination from rapid re-housing services: _____

Notes: _____

